

O/P  
DEC 11 1998

GP/16458

PATENT  
Attorney Docket No. SIM-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Ng et al.

SERIAL NO.: 08/670,119

GROUP NO.: 1645

FILED: June 25, 1996

EXAMINER: Hayes, R.

TITLE: RECEPTOR AND TRANSPORTER ANTAGONISTS

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231, on this 7th day of December, 1998.

December 7, 1998

Date of Signature

Brenda T. Kowalcuk

Brenda T. Kowalcuk

Assistant Commissioner for Patents  
Washington, D.C. 20231

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Sir:

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Submitted herewith are:

Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Petition for Extension of Time (1 pg.); a check in the amount of \$190.00; and a mailroom postcard and this Certificate of First Class Mailing.

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DEC 11 1998

# TRANSMITTAL FORM

|                           |                |
|---------------------------|----------------|
| Application Serial Number | 08/670,119     |
| Filing Date               | June 25, 1996  |
| First Named Inventor      | Gordon Y.K. Ng |
| Group Art Unit            | 1645           |
| Examiner Name             | Hayes, R.      |
| Attorney Docket No.       | SIM-001        |

**ENCLOSURES (check all that apply)**

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)                   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                 |
| <input checked="" type="checkbox"/> Check Attached   | <input type="checkbox"/> Formal Drawing(s)  | <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) |
| <input type="checkbox"/> Copy of Fee Transmittal Form  | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition                      | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Amendment/Response  | <input type="checkbox"/> To Convert to a Provisional Application  | <input checked="" type="checkbox"/> Return Receipt Postcard   |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)                                   | <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8                     |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> )                   |
| <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Executed Declaration and Power Attorney for Utility or Design Patent Application |   |
| <input checked="" type="checkbox"/> Extension of Time Request                                    | <input type="checkbox"/> Small Entity Statement   |   |
| <input type="checkbox"/> Supplemental Information Disclosure Statement                           | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Form PTO-1449   | <input type="checkbox"/> After Allowance Communication to Group   |   |
| <input type="checkbox"/> Copies of IDS Citations   |   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                  |   |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                        |   |   |

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**CORRESPONDENCE ADDRESS**

**SIGNATURE BLOCK**

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 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

Respectfully submitted,

Date: December 7, 1998  
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 Tel. No.: (617) 248-7362  
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*Michael J. Twomey*  
 Michael J. Twomey  
 Attorney for Applicants  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

# FEE TRANSMITTAL

Note: Effective October 1, 1997  
Patent fees are subject to annual revision  
DEC 11 1998

| Complete if Known         |                |
|---------------------------|----------------|
| Application Serial Number | 08/670,119     |
| Filing Date               | June 25, 1996  |
| First Named Inventor      | Gordon Y.K. Ng |
| Group Art Unit            | 1645           |
| Examiner Name             | Hayes, R.      |
| Attorney Docket No.       | SIM-001        |

## METHOD OF PAYMENT

1.  Payment Enclosed:  
 Check    Money Order    Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
  - Required Fees (copy of this sheet enclosed).
  - Additional fee required under 37 CFR 1.16 and 1.17.
  - Overpayment Credit

## FEE CALCULATION (continued)

| 3. ADDITIONAL FEES    |                       | Fee Description   | Fee Paid |
|-----------------------|-----------------------|---|----------|
| Large Entity Fee (\$) | Small Entity Fee (\$) |   |          |
| 130                   | 65                    | Surcharge - late filing fee or oath                             |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or                      |          |
| 130                   | 130                   | Non-English specification                                       |          |
| 2,520                 | 2,520                 | For filing a request for reexamination                          |          |
| 110                   | 55                    | Extension for reply within first month                          |          |
| 380                   | 190                   | Extension for reply within second month                         |          |
| 870                   | 435                   | Extension for reply within third month                          |          |
| 1,360                 | 680                   | Extension for reply within fourth month                         |          |
| 1,850                 | 925                   | Extension for reply within fifth month                          |          |
| 300                   | 150                   | Notice of Appeal  |          |
| 300                   | 150                   | Filing a brief in support of an appeal                          |          |
| 260                   | 130                   | Request for oral hearing  |          |
| 130                   | 130                   | Petitions to the Commissioner                                   |          |
| 50                    | 50                    | Petitions related to provisional applications                   |          |
| 240                   | 240                   | Submission of Information Disclosure Statement (37 CFR 1.97(c)) |          |
| 130                   | 130                   | Submission of Information Disclosure Statement (37 CFR 1.97(d)) |          |
| 790                   | 395                   | Filing a submission after final rejection (37 CFR 1.129(a))     |          |
| 760                   | 380                   | For each additional invention to be examined (37 CFR 1.129(b))  |          |
|                       |                       | Other (Specify)   |          |

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SUBTOTAL (3) (\$)

SUBTOTAL (1) (\$)  
SUBTOTAL (2) (\$)  
SUBTOTAL (3) 190.00

TOTAL (\$) 190.00

## FEE CALCULATION

### 1. FILING FEE

#### Large Entity

| Fee (\$) | Fee Description        | Fee Paid |
|----------|------------------------|----------|
| 760      | Utility filing fee     |          |
| 310      | Design filing fee      |          |
| 150      | Provisional filing fee |          |

|  | Number Filed | Number Extra | Rate         | Amount |
|--|--------------|--------------|--------------|--------|
| Total Claims   | - 20 =       |              | x \$ 18.00 = |        |
| Independent Claims   | - 3 =        |              | x \$ 78.00 = |        |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any |              |              | \$260.00 =   |        |

TOTAL:  
SMALL ENTITY DISCOUNT:  
SUBTOTAL (1) (\$)

### 2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend.                                      | Highest No. Previously Paid For | Present Extra | Rate         | Fee Paid |
|--|---------------------------------|---------------|--------------|----------|
| Total  | =                               |               | x \$ 18.00 = |          |
| Indep.   | =                               |               | x \$ 78.00 = |          |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim |                                 |               | + \$260.00 = |          |

TOTAL:  
SMALL ENTITY DISCOUNT:  
SUBTOTAL (2) (\$)

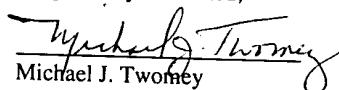
## CORRESPONDENCE ADDRESS

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Respectfully submitted,

  
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